



Docket No. 0341/75692/JPW/AHC

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)	: Andreo Larsen	
Serial No.	: 10/566,347	Examiner: Lynne Anderson
Filed	January 26, 2006	_Group Art Unit: 3761
For	: HYGIENIC MEANS	
Mail Stop Am	nendment FOR PATENTS	Date: October 21, 2008
P.O. Box 145		Date:
Sir:		
Transmitted	herewith is an amendment to the	e above-identified application
<u> </u>	Small entity status of this ap C.F.R. §1.9 and §1.27 has established.	
	A verified statement to establish status under 37 C.F.R. §1 enclosed.	_
	No additional fee is required.	• .

The filing fee is calculated as follows:

	Number after Amend- ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RA Small Entity	TE Other Entity		FI Small Entity	Other Entity
Total Claims	15 _	* 20 =	*** 0 _X	\$25	\$50	=	0	-
Indepen -dent Claims	1 -	**	*** 0 _X	\$105	\$210	=	0	
Multiple Dependent Claim(s) Presented For First Time Yes X No \$185 \$370 = 0								
			TOTAL A	DDITIONA	<u>. </u>	s 0		

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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TRADE IN THE	

Applicant(s): Andreo Larsen Serial No. : 10/566,347 Filed : **January 26, 2006** Amendment Transmittal Letter Page 2 The following are also enclosed: One additional copy of this Amendment Transmittal Letter X Return Receipt Postcard An Information Disclosure Statement, including Form PTO-1449 (Copies of citations included: Yes_____ No____ and a fee of \$_____ included) A Petition for an Extension of Time, including a fee of \$_____ for a Petition for ___ Month(s) Extension of Time _____ Other (identify):______ THE TOTAL FEE DUE IS \$ 0 _____ A check in the amount of \$_____ is enclosed. _____ Please charge Deposit Account No. _____ in the amount of X The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. _03-3125 as follows: Fees under 37 C.F.R. §1.16 for the presentation of extra claims Patent application processing fees under 37 C.F.R. §1.17 Respectfully submitted,

hereby certify that correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment

Commissioner for Patents P.O. Box 1450

exandria VA 22313-1450.

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For: HYGIENIC MEANS

1185 Avenue of the Americas New York, New York 10036

October 21, 2008

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

AMENDMENT IN RESPONSE TO JULY 21, 2008 OFFICE ACTION

This Amendment is submitted in response to the July 21, 2008 Office Action issued by the United States Patent and Trademark Office in connection with the above-identified application. A response to the July 21, 2008 Office Action is due October 21, 2008. Accordingly, this Amendment is being timely filed.

Amendments to the Claims begin on page 2.

Remarks begin on page 6.